



RETIRED & SENIOR VOLUNTEER PROGRAM

Volunteer Registration Form

P.O. Box 487 Carthage, NC 28327
(910) 947-6395 ☎ Fax 947-6409

Name _____
Last First Middle

Address _____ City _____ State/ZIP _____

Home Phone (910) _____ e-mail address (if applicable) _____

Birth Date ____/____/____ NC Driver's License# _____ Soc. Sec. No. ____-____-____
Month Day Year Expiration Date: _____

Have you ever been convicted of an offense against the law other than a minor traffic violation?
____ No ____ Yes If Yes, please explain briefly _____

Are there any physical conditions that should be considered in arranging a volunteer assignment?
____ No ____ Yes If Yes, please list: _____

INSURANCE INFORMATION

I am enrolling as a volunteer in the RETIRED & SENIOR VOLUNTEER PROGRAM (RSVP).
I designate as the beneficiary of my RSVP accident insurance:

Name _____ Relationship _____
Address _____
Phone _____

** In order to be covered by RSVP insurance (at NO CHARGE) while volunteering at your designated station(s), I understand that I MUST submit volunteer hours for that assignment.*

I also understand if I use my personal automobile in my volunteer assignment, I will arrange to keep in effect automobile liability insurance equal to the minimum limits required by The State of North Carolina.

Signature – Volunteer _____ Date _____

Signature – RSVP Director _____ Date _____

(Over)

AREA IN WHICH YOU WOULD LIKE TO VOLUNTEER

- ☐ Lower Moore County
(Aberdeen/Southern Pines/Pinehurst/Pinebluff)
 ☐ Carthage/Cameron/Vass
 ☐ Northern Moore County
(Robbins, High Falls)
 ☐ West End

ETHNICITY

- ☐ American Indian
 ☐ African American
 ☐ Hispanic
 ☐ Caucasian
 ☐ Other _____

LANGUAGES SPOKEN

- ☐ English
 ☐ French
 ☐ German
 ☐ Japanese
 ☐ Spanish
 ☐ Other _____

TIME AVAILABLE

- ☐ AM
 ☐ PM
 ☐ Only these hours: _____

DAYS AVAILABLE

- ☐ Monday through Friday
 ☐ Weekends
 ☐ Anytime
 ☐ This day only: _____

AGE GROUPS YOU PREFER TO WORK WITH

- ☐ Pre-School
 ☐ School-Age (5-12 years)
 ☐ Teenage
 ☐ Adult
 ☐ Elderly

TRANSPORTATION

- ☐ Own Car
 ☐ In need of transportation when volunteering
 ☐ Other _____

PRESENT OR PREVIOUS OCCUPATION

- ☐ Business
 ☐ Education
 ☐ Homemaker
 ☐ Industrial/Trades/Technical
 ☐ Medical
 ☐ Military
- ☐ Office/Secretarial
 ☐ Professional
 ☐ Other _____

HOW YOU HEARD ABOUT RSVP

- ☐ Another Volunteer
 ☐ Friend
 ☐ Newspaper
 ☐ Radio
 ☐ Staff
 ☐ Television
- ☐ County Website
 ☐ Other _____

CONTACT PERSON IN CASE OF AN EMERGENCY

Name _____ Phone _____

PLEASE CHECK YOUR SKILLS AND/OR AREAS OF INTEREST

- | | | |
|--|---|--|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Historical Organizations | <input type="checkbox"/> Phone Calling |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Home Delivered Meals | <input type="checkbox"/> Read for Adults |
| <input type="checkbox"/> Community Relations | <input type="checkbox"/> Hospital – Gift Shop | <input type="checkbox"/> Read to Children |
| <input type="checkbox"/> Disabled Adults | <input type="checkbox"/> Hospital – Other | <input type="checkbox"/> Read for Visually Handicapped |
| <input type="checkbox"/> Disabled Children | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Recreation/Sports |
| <input type="checkbox"/> Disaster Relief | <input type="checkbox"/> Landscaping/Gardening | <input type="checkbox"/> Seasonal Events/Projects |
| <input type="checkbox"/> Environmental/Recycling | <input type="checkbox"/> Language Interpreter | <input type="checkbox"/> Serve on Boards |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Language Translator | <input type="checkbox"/> Sewing/Mending |
| <input type="checkbox"/> Friendly Visitation | <input type="checkbox"/> Library Aide | <input type="checkbox"/> Short-term Projects |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Local Government | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Games & Crafts w/children | <input type="checkbox"/> Machine/Equipment Repair | <input type="checkbox"/> Tutor Adults |
| <input type="checkbox"/> General Home Maintenance | <input type="checkbox"/> Mailings Preparation | <input type="checkbox"/> Tutor Children |
| <input type="checkbox"/> General Office Duties | <input type="checkbox"/> Mentor | <input type="checkbox"/> Used Clothing Store |
| <input type="checkbox"/> Handwrite Letters | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Other(s) not listed _____ |

If you currently volunteer, please list the organizations:
